

SERVICE SPECIFICATION #IV (2)

HOME-DELIVERED MEALS

I. SERVICE DESCRIPTION

A Home-delivered Meal Service is a nutrition service which provides nutritionally balanced meals that meet one-third of the daily Recommended Dietary Allowance (RDA), as set by the National Research Council (NRC) for this age group and the Dietary Guidelines for Americans (Published by the Secretaries of the Department of Health and Human Services and USDA). Refer to Menu format and DSAAPD guidelines for exact requirements.

II. SERVICE GOAL

The program is aimed at promoting better health among the homebound older segment of the population through improved nutrition and keeping the individual in his/her own home, rather than in an institution. It also provides minimum social contact to a person who may be otherwise homebound and isolated.

III. SERVICE UNIT

The unit of service for Home-Delivered Meal Service is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds one-third of the Recommended Dietary Allowance, as defined by DSAAPD.

IV. SERVICE AREA

Services will be available Statewide to eligible persons. However, specific Providers may serve sub-areas, with the approval of the Division of Services for Aging and Adults with Physical Disabilities.

V. LOCATION OF SERVICE DELIVERY

Services will be available at the home(s) of eligible homebound older persons residing in the State of Delaware.

VI. DESCRIPTION OF SERVICES

1. Narration

- ◆ Home-delivered meals will be served on a daily basis according to client need.
- ◆ Meals may be hot, cold, frozen, dried, canned, supplemental, or approved medical foods with a satisfactory storage life.

Home-Delivered Meals Service Specifications
rev 4/09/03

- ◆ Provide information and Referral Service, as appropriate.
- ◆ Provide Outreach and Nutrition Education and/or counseling.

2. Prohibited Service Components

For purposes of the Division of Services for Aging and Adults with Physical Disabilities planning and reimbursement, Homebound meals may not include any of the following components:

- ◆ Providing meals to ineligible persons.
- ◆ Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).
- ◆ Denying services to eligible persons because of his/her inability or failure to contribute to the cost of meals.

VII. SERVICE STANDARDS

Home-Delivered Meals Service must meet or exceed the following standards:

- ◆ Home-delivered meals will be made available to persons age 60 or over who are homebound by reason of illness, incapacitating disability or is otherwise isolated.
- ◆ The spouse of an older person may also receive a home-delivered meal if it is in the best interest of the homebound older person and the provision of the meal will not prevent service delivery to more needy clients.
- ◆ The need for home-delivered meals among potential participants must be based on the criteria developed in cooperation with the State Agency.
- ◆ Appropriate officials must be notified for follow-up regarding any conditions or circumstances placing the older person or household in imminent danger.
- ◆ Provision must be made for participants to take advantage of the benefits available under the Food stamp Program.
- ◆ Nutrition outreach is conducted as necessary to reach the target population.
- ◆ Efforts must be made to solicit voluntary support.

- ◆ Federal funds must not be used to supplant funds from nonfederal sources or volunteer support.

Home-Delivered Meals Service Specifications
rev 4/09/03

- ◆ As an evidence of good cost control, projects are expected to have food items costed per menu item and per meal. An accurate cost of USDA Commodities utilized must be included.
- ◆ Projects must develop and implement a policy manual containing at minimum the following information :
 - ◆ Fiscal Management
 - ◆ Food Service Management
 - ◆ Safety and Sanitation
 - ◆ Staff Responsibilities

It should address all DSAAPD specifications, policies and procedures and terms of the General Assurances.

- ◆ The program must establish a formal, documented system whereby food acceptability is checked by solicited participant reactions.
- ◆ The objectives as set forth in the proposal must be accomplished.
- ◆ The Policies and Procedures of the Nutrition program as developed by the Division of Services for Aging and Adults with Physical Disabilities must be followed.
- ◆ Project must establish policy to determine documented proof of the age of the client.
- ◆ Information which identifies individual participants in the program and the date or dates on which they were provided a meal is maintained in the official program files.
- ◆ Projects must collect and report the information required by NAPIS and send the information to DSAAPD as agreed upon.
- ◆ Project must complete NAPIS intake form on every meal participant.
- ◆ Conduct Nutrition Screening annually on all participants using the DSAAPD/NAPIS form. Clients identified as “high-risk” must be evaluated by the screening nutritionist regarding counseling/nutrition screening. Selected high-risk clients will be contacted by the nutritionist for follow-up within six months.

A nutrition-screening plan with designated interventions will be submitted on Attachment A.

Home-Delivered Meals Service Specifications
rev 4/09/03

- ◆ Agency must offer medical foods to medically/nutritionally at risk clients. At least three (3) of the approved products must be available (refer to DSAAPD policy on Medical Foods). Required assessment and follow-up to be completed by screening nutritionist. Initial delivery must be made within 10 days of received diet order from M.D.
- ◆ Each meal served by the Nutrition service Provider must contain at least one-third of the current Recommended Dietary Allowance and meet requirements stipulated by DSAAPD.
- ◆ A cycle menu is required of all projects.
- ◆ Home-Delivered Meals Program providing two meals per day must *each provide one-third* of the Recommended Dietary Allowance, as defined by DSAAPD.
- ◆ The Project nutritionist must approve the cycle menu to ensure it meets one-third of the RDA (for DSAAPD selected nutrients) as well as menu guidelines developed by DSAAPD (Attachment D). The approval form, menus and analysis signed by the Project Nutritionist must be submitted to DSAAPD for approval two weeks prior to consumption.
- ◆ The daily menu pattern and applicable food standards are described in (Attachments B and C) and hereby attached.
- ◆ All meals must be analyzed for nutrient adequacy including breakfast, emergency, back-up, evening and holiday meals.
- ◆ All meals must be analyzed prior to consumption. All labels and recipes must be analyzed and checked for accuracy by the agency R.D.
- ◆ Changes to the cycle menu must be recorded, analyzed and submitted to DSAAPD with the monthly invoice.
- ◆ When meal service is subcontracted, the project must follow formal procedures for procuring the cost-effective, sanitary, quality meal service and maintain a system for monitoring the service provider.

- ◆ When the meals service is contracted for amounts over \$15,000, the Projects must follow competitive bid Procedures.
- ◆ A signed contract must be made available to DSAAPD within sixty days (60) of 10/1/03.

Home-Delivered Meals Service Specifications
rev 4/09/03

- ◆ Excess food can be served only as a frozen meal to clients. The meal must be assembled on the day of preparation, immediately frozen in compliance with the most recent FDA Food Code guidelines and delivered frozen to the client. The meal composition, as served, must meet DSAAPD guidelines for nutrient adequacy. No other use of excess food can be incorporated into a reimbursable meal.
- ◆ Meals must be provided at least once a day. Meals may be hot, cold, frozen, dried, canned, approved medical foods and supplemental foods with a satisfactory storage life.
- ◆ Food containers and utensils for blind and handicapped participants must be made available for use upon request by participants.
- ◆ The project must establish a plan for the delivery/availability of meals to older persons in weather-related emergencies.
- ◆ Special menus may be served to meet the particular dietary needs arising from religious requirements or ethnic backgrounds of eligible individuals.
- ◆ Modified therapeutic and textured diets must be made available (refer to DSAAPD policy on Therapeutic Diets).
- ◆ Written diet prescriptions from a physician/health care professional must be on record for all clients and order must be updated on an annual basis.
- ◆ Special diets must be planned, prepared and served under the supervision of and/or in consultation with a qualified dietitian or nutritionist.
- ◆ In purchasing food and preparing and delivering meals, proper procedures must be followed to preserve nutritional value and food safety.
- ◆ Preparation, handling and serving of food must be in compliance with State, local health laws and ordinances.

- ◆ Food service staff should be trained in and adhere to the most recent FDA Food Code specifications for temperature control of foods.
- ◆ The rules of the State Health Department regarding transported food must be observed.
- ◆ Delivery time for foods must not exceed two (2) hours.

Home-Delivered Meals Service Specifications
rev 4/09/03

- ◆ Instruction and training must be given to all persons delivering meals.
- ◆ When meal service is subcontracted, the project must develop and follow formal procedures for procuring cost-effective, sanitary and quality meal service. The Project must document the monitoring of the service provider on a quarterly basis.
- ◆ If the program responsible for doing assessments is not the same as the home-delivered nutrition services provider, a written agreement between the two programs must be developed.
- ◆ A method of soliciting participant input on appropriate matters relating to the home-delivered nutrition service program must be established.
- ◆ Information and activities must be provided to homebound persons which will promote improved nutrition and health.
- ◆ Eligible participants must be given the opportunity to contribute to all or part of the costs of service provided. No eligible participant will be denied service because of his/her inability or failure to contribute to the costs.
- ◆ Persons receiving Home-Delivered Meal Services must be given an opportunity to review the suggested Donation Guidelines issued by the Division of Services for Aging and Adults with Physical Disabilities.
- ◆ Project must follow specific written policies for the collection and handling of donations developed by DSAAPD.

VIII. SERVICE AND CLIENT PRIORITIES

In delivering Home-Delivered Meal Services, projects shall target for services for those elderly in greatest economic and/or social need.

- ◆ Meals may also be made available to handicapped or disabled individuals under 60 who reside in housing facilities occupied primarily by the elderly at which congregate

nutrition services are provided. (This provision is only related to nutrition sites located in public housing. The disabled person must be a resident of this same housing facility. Spouses of disabled individuals are not eligible unless they too are disabled. Eligibility is to be tested by requesting proof Social Security Disability).

- ◆ Meals may also be made available to a non-elderly disabled person who is a member of the household of an elderly person who is eligible for home-delivered meal services.

Home-Delivered Meals Service Specifications
rev 4/09/03

IX. STAFFING REQUIREMENTS

Each provider must have on-staff a full time Project Director who will be responsible for the overall daily operation of the Nutrition Program. Responsibilities include supervision of staff, ensuring compliance to DSAAPD specifications, and maintaining contact with funding agency and clients.

If the agency is directly responsible for the production of the meals, a full-time person should be in charge of directing, monitoring and supervising the food service production and staff. This person should be qualified by education and experience. Educational requirements include a degree in Foods and Nutrition, Food Service or Hotel and Restaurant Management or a minimum of three (3) years experience managing food service production.

Each provider must have on-staff or have access to the services of a Registered Dietitian available to the program. A Registered Dietitian has fulfilled the academic requirements for membership in the American Dietetic Association and the Committee on Dietetic Registration and is approved by the Division of Services for Aging and Adults with Physical Disabilities' Nutritionist.

. TYPE OF CONTRACT – Unit cost reimbursement (or other as agreed upon).

REPORTING REQUIREMENTS – All approved budget revenue and actual expenditures including In-Kind, Project Income, and Local Cash must be documented for reporting purposes to the Division of Services for Aging and Adults with Physical Disabilities. The Financial Reports include a quarterly report due in the Division of Services for Aging and Adults with Physical Disabilities within twenty-one (21) days following each quarter. An Annual Transition Report is due in the Division of Services for Aging and Adults with Physical Disabilities sixty (60) days after the program end date.

BILLING PROCEDURES – The contractor will submit monthly bills to the DSAAPD ten (10) days following the end of the billing period. Contractors at their discretion may bill more frequently, but the minimum acceptable billing period is biweekly. The

contractor will furnish one (1) bill to the Public Health Treatment Program Administrator.

All Consultants must maintain an activity log and submit it with the invoice.

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES:

HOME-DELIVERED MEAL SERVICES

PLANNED SERVICE UNITS	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
A. Enter the total number of meals served to eligible persons					
B. Break down the number of meals on line A by the following categories:					
1. mid-day meals					
2. all meals that are <i>not</i> mid-day meals					
C. Enter the number of mid-day meals by the following categories:					
1. prepared meals					
2. Medical foods (2 cans = 1 meal)					
3. Specialized medical foods (2 cans = 1 meal)					
D. Enter the total number of non-mid-day meals by the following categories:					
1. prepared meals					
▪ Evening					
▪ Breakfast					
2. Medical foods (2 cans = 1 meal)					
3. Specialized medical foods (2 cans = 1 meal)					
E. Enter the number of meals noted on Line A by the following categories:					
1. Holiday					
2. Weekend					
3. Therapeutic/modified diets					
F. Total number of unduplicated client served					
1. persons of high nutrition risk					
2. new persons					
G. Number of group education					

mailings offered to clients					
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PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES:

HOME-DELIVERED MEAL SERVICES

PLANNED SERVICE UNITS	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
H. Total hours of nutrition counseling:					
1. unduplicated persons counseled					
2. high risk persons counseled					
I. Number of information and assistance contacts provided to clients					
K. Number of outreach contacts					
L. Number of assessments for determining eligibility					
M. Number of reassessments for determining eligibility					
N. Average total meal donation:					
1. Noon meal					
2. Breakfast					
3. Medical Foods					
4. Evening					
O. Number of training sessions offered to staff/volunteers					
P. Number of monitoring visits to sites to assess compliance with DSAAPD requirements					

Attachment B

Menu Format and Nutrient Guidelines for Meals (excluding breakfast meals)

A. Menu Format

1. **Meat and meat substitutes:** ≥ 3 ounces (≥ 18 grams) of edible meat or meat substitute must be included in the meal.
 - Meat substitutes may include cheese, eggs, cottage cheese, peanut butter, cooked beans/lentils and soy products.
 - Protein sources may be combined to meet the three (3) ounce requirement.
 - The use of low-fat and fat-free products is encouraged, in order to control the total fat content of the meal.
 - The use of low-sodium products is also encouraged, in order to control the total sodium content of the meal.
2. **Enriched bread and grain products:** a minimum of one (1) serving must be included in the meal. One (1) serving is defined as one (1) slice of bread or $\geq 1/2$ cup of pasta, rice or other grain product and is ≥ 15 grams of carbohydrate.
 - Bread or grain products can both contribute to this requirement.
 - Rice or pasta may be served as a bread alternative or as an extra menu item, in addition to bread.
 - The use of whole grain foods is encouraged, in order to increase the fiber content of the meal.
3. **Milk or non-dairy substitute:** a minimum of one (1) serving must be included in the meal. One (1) serving is 8 fluid ounces of milk or a non-dairy substitute e.g. soy milk.
 - Non-dairy beverages may be used to accommodate the preferences of clients who do not use dairy products due to ethnic food preferences.
 - The use of non-fat or low-fat products is encouraged, in order to control the total fat content of the meal.

Attachment B

Menu Format and Nutrient Guidelines for Meals (excluding breakfast meals)

4. **Fruit and /or vegetables:** a minimum of two (2) servings must be included in the meal. A serving is defined as $\geq 1/2$ cup of fruit or vegetable or $\geq 1/2$ cup of fruit or vegetable juice.
 - The minimum serving amount for dried fruit is as follows:
 - 6 halves dried apricots
 - 3 dates
 - 3 dried prunes
 - 2 tablespoons raisins
 - Potato is counted as a vegetable.
 - Vitamin A-rich food sources should be served at least three (3) times per week, to maintain a weekly average of 334 RE (1667 IU) Vitamin A.
5. **Fortified margarine or butter:** a minimum of one (1) teaspoon) must be included in the meal.
 - The margarine or butter can be use in preparation of the meal.
 - One (1) teaspoon mayonnaise, cream cheese, or salad dressing may be substituted. The use of low-fat products is recommended
6. **Dessert:** one dessert food must be included with the meal. A minimum serving size of $\geq 1/2$ cup of pudding, gelatin, fruit or fruit dessert is required.

Other dessert items can be portioned by the agency, considering client preferences and commonly acceptable serving sizes.

Attachment B

Menu Format and Nutrient Guidelines for Meals (excluding breakfast meals)

B. Nutrient guidelines

All meals qualifying for DSAAPD reimbursement must meet the follow nutrient guidelines, as documented by menu analysis.

Calories	≥ 700 calories
Protein	≥ 21 grams
Calcium	≥ 300 milligrams *
Vitamin C	≥ 20 milligrams
Fiber	≥ 6 grams
Vitamin A	A weekly average of ≥ 334 RE (1667 IU) is required for clients documented as receiving five meals a week. For clients receiving only one meal, the requirement is ≥ 334 RE (1667 IU) per meal.
Fat	$\sim 30\%$ or total calories **
Cholesterol	~ 100 milligrams **
Sodium	~ 2000 milligrams **

* The DRI for calcium (adults ≥ 51 years of age) is 1200 milligrams. However, DSAAPD will adhere to current AOA regulations, referenced to the RDA, until further instructed. Pending revisions from AOA, current recommendations will be provided through mandated nutrition education.

** Occasional meals that exceed these recommendations will be allowed. DSAAPD encourages the provision of healthful meals for all clients, which precludes excessive amounts of fat, cholesterol and sodium.

ATTACHMENT C

FOOD STANDARDS

A. All foods used shall be in conformance with the State guidelines for menu planning and the following specifications.

B. The grade minimums recommended for food items are as follows:

Meat – Only those meats or meat products which are slaughtered, processed and manufactured in plants participating in the U.S. Department of Agriculture inspection program can be used. Meats and meat products must bear the appropriate inspection seals and be sound, sanitary and free of objectionable odors or signs of deterioration upon delivery. Meats for dry heat cooking shall be of Choice Grade and those for moist heat cooking shall be of Good Grade or better.

Poultry and Seafood – When served as whole pieces, poultry and seafood shall be U.S. Grade A.

Eggs – U.S. Grade A, all eggs must be free from cracks. Dried, liquid or frozen eggs shall be pasteurized.

Meat extenders – Soy protein added to extend meat products shall not extend 15% of net weight of the meat used and shall be used only when acceptable product results.

Fresh Fruits and Vegetables – Shall be of good quality (USDA #1) relatively free of bruises and defects.

Canned and Frozen Fruits and Vegetables – Grade A used in all menu items, including combination dishes, i.e., gelatins, soufflés.

Dairy Products – USDA Grade A Homogenized milk (skim, 1%, or 2%), all fortified with Vitamin A and D shall be offered.

Only commercially preserved foods may be used (No home canned foods).

C. Food, at all times, shall be prepared in a means that would maximize its palatability and appearance and maintain its nutritional value. Appropriate garnishes shall be provided.

ATTACHMENT C

FOOD STANDARDS

Page two

D. Minimum portions (cooked weights or edible portions)

1. Roast meats, boneless chops, steaks, boneless turkey and cutlets – 3 oz.
2. Bone in chops, breaded meats or seafood – 4 oz.
3. Chicken with bone – 5 oz.
4. Chopped steaks, meatloaf – 3 oz.
5. Eggs – 1 large egg is equivalent to 1 oz. of protein requirement.
6. Dried beans, peas, lentils – ½ cup equal to 1 oz. of protein requirements (must be used in combination with whole grain products, egg, cheese, or meat product).
7. Soup used as a vegetable must contain a minimum of 4 oz. of vegetables (drained weight).
8. Gelatin salad used as a fruit and/or vegetable requirements must be enriched with Vitamin C.
9. Instant mashed potatoes utilized for the vegetable requirements must be enriched with Vitamin C.
10. All grain products used must be enriched.

NOTE: Combinations of protein foods can be used to serve the 3 oz. requirement.

ATTACHMENT D

**MENU APPROVAL FORM
FOR CONGREGATE AND HOME DELIVERED MEALS
TITLE III NUTRITION PROGRAM**

Signature of Dietitian _____ Registration Number _____

Print Name _____ Contact Phone Number _____

Address _____

Nutrition Project Director _____ Contact Phone Number _____

Address _____

1. This menu shall consist minimally of a _____ week cycle of regular diet meals and shall be representative of the current six month period. Attach cycle menu, menu as served (if different), weekly nutrient average, daily nutrient analysis.
2. For those participants requiring menu modifications for reasons of health, diabetes, hypertension, heart disease, etc., modified diets can be provided in accordance with established regulations. Modified diet menus must be reviewed and approved by the dietitian. Please indicate those modified diets which are provided: